

NEVADA STATE BOARD OF PHARMACY

555 Double Eagle Ct #1100 ~ Reno, NV 89521
(775) 850-1440 ~ (775) 850-1444 - FAX

MANAGING PHARMACIST CERTIFICATION OF PHARMACEUTICAL TECHNICIAN IN TRAINING

Technician in Training: _____ License #: PT

Managing Pharmacist: _____ License #: _____

Pharmacy: _____ Store #: _____

Pharmacy Address: _____

City: _____ State: NV Zip: _____

I certify to the Board that the above named pharmaceutical technician in training has successfully completed **_____ hours of training and experience and is competent to perform the tasks of a pharmaceutical technician. The specific training and experience completed is listed below.

**** If submitting 500 hours with PTCB certification, you must provide a copy of the PTCB certificate.**

Managing Pharmacist

Dated _____

Specific training and experience (Must be completed by the managing pharmacist)
DO NOT LEAVE BLANK

[illegible]